
**CURB
Meeting Minutes
July 10, 2012**

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PRESENT

Board: Patricia Berry, MPH (via phone), Delores Burroughs-Biron, MD, David Butsch, MD, Richard Wasserman, MD, Michel Benoit, MD, Paul Penar, MD

DVHA Staff: Michael Farber, MD (Medical Director, moderator), Bill Clark, Daljit Clark, Jennifer Herwood, Susan Mason

Vermont Medical Society (VMS): Madeleine Mongan

Fletcher Allen Health Care: Meg O'Donnell

Absent: Adam Kunin, MD, William Minsinger, MD, John Mathew, MD, Norman Ward, MD

HANDOUTS

- Agenda
- Draft minutes from 5/16/2012

CONVENE: Dr. Farber convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Announcements – Dr. Michael Farber

Dr Farber reported to the group that Dr. Kunin had resigned from the CURB board last month, due to his busy cardiology practice. There is a potential candidate that he was considering and would ask Madeleine Mongan if she had any suggestions.

Dr Farber is happy to report that two of the recommendation made by the CURB members has been successfully implemented as of July 1,2012. The recommended initiatives are:

- 1) Outpatient out of state office visit services require a PA
- 2) PTOTST PA after 8 visits for Pediatrics

Bill Clark will be presenting further data on the Radiology procedures. Tonight's goal is for CURB to make a recommendation regarding the gold card.

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3.0 Review of Minutes:

The minutes were reviewed and approved.

4.0 Radiology Procedures and Utilization Controls – Bill Clark

The Board members reviewed claims data for imaging at our last meeting and the group decided that gold cards for providers were a good idea but were unsure as to what level of performance should be rewarded with a gold card? The group requested additional data to make this decision.

In the last meeting there was discussion around removing prior authorizations for certain imaging CPT codes. The consensus was that it would be difficult to determine that at this time due to insufficient data. Currently there is data for only one full year. The Board will revisit this.

Bill Clark presented three slides (one year of data):

- 1) Denial Rate Counts (over 100 requests) n=30
- 2) Denial Rate Counts (over 125 requests) n=18
- 3) Denial Rate Counts (over 150 requests) n=11

We should decide on a total number of requests and then the denial rate percentage that would be awarded a gold card. There are roughly 11,000 providers but most would never order a study.

The Board discussed the options. Some of the comments were:

- Alabama has a 5% or less denial rate, with no requirement for the number of requests. Madelyn said that she would find out how Alabama reviews the physician performance rate after they receive a gold card.
- Once a gold card is issued it will be difficult to reevaluate performance.
- The gold card does not save the state money. It however releases the burden on busy providers for good performance.
- If we see a spike in utilization we could do an audit, although it is labor intensive, time consuming and costly.
- Some providers mentioned that when you use the gold card you are losing the educational component.

Dr. Farber stated that he will see Dr. Moon from Alabama next week and will ask how they measure results to get people off the gold card.

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The suggestion was to look at providers with 100 or more requests in one year that have a 3% denial rate. The data analyzed showed that 6 providers would fit the criteria. We should state that this is not permanent and we will be reviewing their data and reevaluating from time to time.

There was a general consensus and a motion was made for all providers over 100 requests in one year with a 3% denial rate to be awarded the gold card.

The motion was seconded.

This is a pilot and should be taken up for reconsideration in one year. The recommendation was to review the 6 gold card members in one year.

Board Member Decision

The Board approved gold cards for providers submitting 100 or more requests per year and with a 3% or less denial rate.

The board voted unanimously in favor.

Action Item: Dr. Farber will discuss with Dr. Moon how the gold card process is going in Alabama and will report back to the group.

5.0 Discuss Future Topics – Dr. Michael Farber

Dr. Farber presented a slide on:

Centers of Excellence for Specific Medical Conditions to Eliminate the Need for Prior Authorization

DVHA does not have Centers of Excellence. Some states have designated specific centers of excellence for certain medical conditions.. Handout was provided from the Medical Director from Washington state of their centers of excellence as an example. Dr Farber asked the group which conditions and which facilities would be good to propose centers of excellence.

The Board discussed this topic. Some of the comments included:

- This is a difficult task as it is constantly changing.
- DVHA usually take the lead from the specialist.
- How realistic is it to have an exhaustive list? Ideally you should be able to call someone at FAHC to ask who can do that procedure in state.
- Meg O'Donnell from FAHC offered to check with the Chief Medical Officer at FAHC to see if he would agree to be a point person for each general area at FAHC.
- Patient goes on the internet and finds a facility purely at their own desire. It would help a lot to have an advisory group.

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- Will take suggestions of DVHA relationship with a service specialist at UVM to help make the decisions.

Other Topics

What is happening with transportation and the fraud that was found?
Daljit Clark stated that Bill Clark's unit is investigating this. In addition they are renewing their transportation contract. Bill can give us an update at a later date.

Adjournment – CURB meeting adjourned at 8:00 PM

Next Meeting

September 12, 2012

Time: 6:30 PM – 8:00 PM

Location: Department of Vermont Health Access, Williston, VT